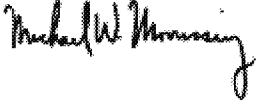


| | | | | |
|--|--|---|---|---|
| SUMMONS FOR WITNESS | | DOCKET NUMBER [REDACTED] | Trial Court of Massachusetts District Court Department | |
| SESSION: CRIMINAL JURY | | NAME AND ADDRESS OF COURT DIVISION | | YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN |
| NAME, ADDRESS AND ZIP CODE OF DEFENDANT | | Quincy District Court 1 Dennis Ryan Pkwy. Quincy, MA 02169 | | |
| Commonwealth vs. [REDACTED] | | DATE AND TIME OF APPEARANCE | | |
| | | March 26, 2012 2:00pm for Voir Dire | | |
| | | DATE | TIME | |
| Kate Corbett | | OFFENSE(S) | | |
| | | Possession to Distribute Class B School Zone Violation Conspiracy | | |
| <p>TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the witness named within by delivering it to the witness personally, or by leaving it at the dwelling house or usual place of abode of the witness or with some person of suitable age and discretion then residing therein, or by mailing it to the last known address of the witness. NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.</p> <p>To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:</p> | | | | |
| WITNESS: |  Michael W. Morrissey, District Attorney | | | DATE OF ISSUE |
| | | | | March 6, 2012 |
| RETURN OF SERVICE | | | | |
| I hereby certify that I served the within summons upon the above Witness by | | | | |
| <input type="checkbox"/> Delivering a copy of it personally to the witness. <input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the witness with person of suitable age and discretion then residing therein <input checked="" type="checkbox"/> Mailing a copy of it to the last known address of the witness. <input type="checkbox"/> I received the summons on _____ but I was unable to make service | | | | |
| DATE RECEIVED _____ | | | | |
| because: _____ | | | | |
| DATE OF SERVICE | SIGNATURE OF PERSON MAKING SERVICE | | TITLE OF PERSON MAKING SERVICE | |
| March 6, 2012 | Erin M. McFarland | | Assistant District Attorney | |